



USAID
FROM THE AMERICAN PEOPLE

*Made possible by the generous support
of the American People*



USAID/OFDA Performance Baseline Data Report
Restoring livelihoods and health of conflict-affected communities in South-western Central African Republic (IDPs, Returnees and Host Communities) in the Lobaye
Dates: Jul 21 st 2014 – Jul 31 st 2015

Organization: Tearfund Headquarters Mailing Address: Tearfund 100 Church Road Teddington Middlesex TW11 8QE United Kingdom	Date: Oct 15 th , 2014 HQ Contact: Programme Funding Advisor Telephone: +44 (0) 20 8977 9144 Email: [REDACTED]@tearfund.org Field Contact: Response Manager Telephone: [REDACTED] Fax: N/A Email: [REDACTED]@tearfund.org
Country/Region:	Central African Republic (CAR)
OFDA Grant Number:	AID-OFDA-G-14-00144
Program Title:	Restoring livelihoods and health of conflict-affected communities in South-western Central African Republic (IDPs, Returnees and Host Communities)
Type of Disaster	Recovery from civil war

INTRODUCTION

The prefecture of Lobaye was severely affected by the conflict that started in the Central African Republic in 2012. The violent conflict between the anti-balaka and seleka militia groups has led to a critical humanitarian situation in the region with mass displacement, the abandonment and/or the destruction of livelihoods, health and educational infrastructure, looting and violation of human rights. All these factors have exacerbated a situation of already chronic poverty in the area. To address some of the immediate needs in the area of WASH and Food Security, Tearfund has started an OFDA funded project in the sub-prefecture of Mbaiki, including the townships of Mbata, Lesse, Nola and Bogongo-Gaza. This report presents an assessment of the needs in this area and provides baseline data against which we will be able to monitor progress toward the project objectives.

METHODOLOGY

The baseline survey was carried out by members of Tearfund's Operational Response team between July and September 2014.

According to an assessment led by UNFPA in 2013, Lobaye comprises 306,440 inhabitants. An annual growth rate of 2.2%, means that this population has reached approximately 313,180, which

was the number used as a basis for our sample. Based on standard sampling calculations¹, we sampled of 542 households in the project target areas. The total number of households actually visited was reduced to 481 due to difficulties in accessing certain villages because of insecurity and also because in some villages many families had moved to the bush to collect caterpillars, a seasonal source of food.

At village level, the choice of households was random. In each household visited, an adult was asked to respond to a pre-prepared questionnaire, the principal source of information for this baseline. Additional information was gathered through individual interviews with political and administrative authorities in the villages as well as group discussions with men and women in order to assess trends. Observations regarding water usage and sanitation were also used to collect some of the data.

Township	Population	Percentage	Theoretical Sample	Actual Sample
Nola	10216	19%	105	95
Mbata	19306	37%	198	193
Lesse	5057	10%	52	40
Bogongo gaza	18146	34%	187	153
Total	52725	100%	542	481

Distribution of Sample by Township

DISCUSSION OF RESULTS

General: Demographic Information

52% of respondents are female and 48% male. 88% of household assessed are headed by men, 18% of them being polygamous and 12% led by women. Adult women represent 23% of the sample, in which 8% are lactating women and 4% are pregnant at the time of the assessment. 51% of the adult women surveyed are widows, 33% are separated or divorced, 11% have husbands who are in migrant labourers and the remaining 5% have husbands who are not financially providing for the family. The average household size is 8.

Age Range	0-18		18+		Total	
Female	29%	1093	23%	821	52%	1914
Male	29%	1097	19%	725	48%	1822
Total	58%	2190	42%	1546	100%	3736

Distribution of Sample by Age and Gender

26% of respondents are IDPs, most having been displaced from the sub-prefecture of Boda as a direct result of the conflict.

IDPs	26%
Host Families And Returnees	74%

Amongst the respondent, 83% of children have completed school or are currently in school (91% of boys and 74% of girls). People with disabilities and the elderly represented 5% of the sample population (3% are women and 2% are men). Generally, adults are responsible for households, however, 5% of children contribute to the expenses of households in the sample (4% boys and 1% girls).

¹ <http://www.calculator.net/sample-size-calculator.html>.

General: Livelihoods and Health

Livelihoods have been severely disrupted by the conflict and instability experienced in the region for the past 18 months. Many households had to flee to the bush to escape raids by militia. They may have returned, but only to find their homes looted, tools stolen and crops and seed stores destroyed and emptied. Others have been displaced completely and have fled into IDP camps or found refuge in host communities.

Agricultural production in Lobaye as a principal source of food and income for households and is complemented by produce that households buy in the market. The sale of agricultural produce represents 59% of income for households. The selling of goods from hunting, fishing and gathering of natural goods represents the second source of income. The gathering of caterpillars is particularly important as an income-generating activity. Small businesses represent 15% of household income.

Quartile	Intervals interquartile	General Population	Women Head-of Households
1	0 – 3,750 XAF	33%	31%
2	3,751 – 10,000 XAF	31%	27%
3	10,001 – 22,250 XAF	10%	18%
4	22,251 – 205,000 XAF	26%	24%

Distribution of households' monthly income

The monthly income of households in the sample varied between 200 and 205,000 XAF with an average of 17,115 XAF (35 USD) while this was reported to be around 45,000 XAF (90 USD) before the conflict. 77% of HH income goes toward purchasing food. Families taking loans to cover their needs reported that 3% of their loan was used to cover children's educational needs. 74% of households have an income lower or equal to 45 USD. The average household size of 8 means that an individual's monthly income is around 6 USD per month. This attests to the level of chronic poverty in the area. Earnings has declined in recent months to these extremely low levels due to the conflict, as people have not been able to plant and markets were disrupted.

The effects of the conflict, displacement, looting and destruction that communities have experienced has meant that planting cycles have been disrupted, access to food supplies is currently severely limited and diet diversity is on the decline. It has also meant that families are not able to sell goods in the market and so their income levels have dropped off, in some cases completely. As a result, malnutrition is a mounting problem, particularly among children.

In the selected households, 27% of children have been admitted to a therapeutic program in health centres during the last six months. The time of treatment varied between 5 and 90 days. The little health service delivery there was in Lobaye before the conflict, has now been all but suspended so the help these centres are able to offer is minimal. With support from health partners like Alima and AHA, some health centres have started receiving supplies for basic nutritional health care but additional efforts are needed at the community level to tackle the growing issue of severe malnutrition among children, including helping families to restart their agricultural activities and supporting them to diversify their crops.

It was found that the other major health issue in Lobaye is diarrhoea. Diarrhoea cases are largely resulting from poor sanitation practices, lack of access to clean water and lack of sanitation infrastructure. The household survey indicated that 31% of children under five had diarrhoea at least once during the previous 2 weeks. These issues have been exacerbated by the conflict and ongoing

insecurity in the region as many target beneficiaries have been displaced and so access to what little facilities they had before has now been cut off completely.

Sector: Agriculture and Food Security

Sub-Sectors: Improving Agricultural Production/Food Security

The baseline survey sought to investigate a range of factors that affect food security, including: the number of months of food self-sufficiency, land use and agricultural activity (including use of soil conservation techniques), the number of beneficiaries with acceptable food consumption scores and the state of local markets. All of these areas have been impacted by the conflict and insecurity in CAR and this has served to severely undermine food security in the affected communities.

93% of households state that their agricultural activities represent their primary source of food provision whilst 6% of households will buy from the market. This explains the influence/importance of food production and the importance of crop diversity to ensure a good nutritional intake.

Source of Food	Primary Source	Secondary Source
Market	6%	57%
Picking, hunting, fishing or caterpillars	0%	28%
Fields and household gardens	93%	3%
Produce from livestock	0%	0%
Barter and trade	0%	6%
Livestock produce	0%	2%
Gifts from friends and family	0%	2%
Loans	0%	1%

59% of households have access to 1 meal per day, 41% have 2 meals a day. During the time of the assessment, only 21% of households had food stock and this was primarily cassava (56%) and caterpillars (31%). For 80% of households, these stocks would last 2 days, for the remaining 20% they would last just one day. These figures indicate an acute state of food insecurity, which in part has been due to the effects of displacement and the increase in crime (thefts) due to the conflict.

15% of the target group currently cultivate vegetable gardens and no farmers report applying soil conservation techniques. Farmers are tending to use a slash and burn technique that forces them to look for new soil to farm almost every season. 60% of farmers do not practice any sustainable agricultural farming techniques. Only 15% reported practising basic elements such as planting in rows and spacing. Only 10% of farmers had a homestead vegetable garden, although 7% did grow vegetables elsewhere, predominantly amaranth (30%), okra (30%), lettuce (10%), cucumber (5%), tomato (10%) and spinach (10%). No-one reported growing cabbage, carrots, watermelon, onion, pepper.

The hoe is the main farming tool in the villages. While hoes are available in some households, other gardening/farming tools are rare. It is important to note that for household gardening/kitchen gardens, it is essential to have a minimum of four tools, in particular a rake, a watering can, a spade as well as a hoe. Most of households lost their tools when they left their villages during the conflict and others have had their tools stolen in looting by the militia groups in the area.

Land access doesn't pose problem for IDPs or host communities. 98% of households own the land they work. IDPs living in the area have confirmed they have free access to portions of land, which can be as big as a hectare. If they find the need for more than 0.5 hectare, they have to hire land.

According to the local agriculture service, around 10% of farmers will have access to seeds in the next planting season, and this is only because of seed and tool distributions by humanitarian agencies, as most seed stores were looted or destroyed by militia groups

Apart from the more general coping strategies during the months where there is not enough food, , 25% of households report eating less preferred food, 27% reduce the number of meals they eat, 29% make use of wild food, 26% decrease the size of portions to enable everyone to eat something, 76% sell household items or livestock and 29% borrow money. 78% of people also reported reducing the amount of food intended for adults one day a week in order to give more food to children. In general, 76% of households, including 71% of female-headed households, stated they would use this strategy in order to get food during shortage of food stock. Various goods, such as farming tools, may be sold at this time.

Of those who have opted to borrow money, the average debt amount per household varies between 5.250 and 22.000 XAF. Reimbursements of these loans are usually by cash but can be made in other ways, particularly when these loans apply to itinerant merchants. Loans are made principally to cover expenses in health (40%), agriculture (22%), food (16%) and other domestic expenses (10%). Small loans may also be taken to cover social events (4%), education of children (3%) and clothing (3%).

The food consumption score is calculated based on statements of having access to various components of a balanced meal per day. The reference for an acceptable daily score is 7.5, which is calculated based on the number of individual or groups of foods consumed and the importance of the nutritional value of the foods or groups of foods (value of each food group is calculated according to its nutritional density) ².

58% of children and 36% of adults in the villages surveyed have a food consumption score below 7.5. The percentage of children scoring below the acceptable level for FCS increases to 88% in female headed households while 52% of adults in these households score below 7.5 Based on this data, we conclude that households headed by females are more vulnerable and will be targeted for FS interventions.

Reduction in production and households' incomes as consequence of conflict had a direct consequence on the reduction of the quantity of meals, food diversity and food self-sufficiency. Due to the fact that conflict has affect food accessibility, the food consumption score will also be affected.

While 70% of household would have had access to 3 meals a day before the conflict, only 41% are able to access to 2 meals a day and 59% can access 1 meal a day now. Before the conflict, 80% of households would have raised livestock, including poultry, but this has become inaccessible after the conflict.

Local markets (31%), neighbouring village markets (33%) as well as small village businesses enable households to buy food (36%). As a general rule, the markets for buying and selling foods were accessible for most members of the community: 57% of households had access to markets less than 1km away, 12% between 1 and 3 km, 2% between 3 and 6 km and 29% would travel more than 6 km to reach their closest markets.

Banditry, looting and other activities of uncontrolled armed groups made markets in Lobaye less accessible during the conflict, though markets are starting to regenerate now. At the moment, Boda sub-prefecture is the only zone where the markets remain inaccessible due to insecurity in most local villages.

² PAM, Score de consommation Alimentaire, IPC, Djibouti 2011

Sector: Water, Sanitation and Hygiene (WASH)

Malaria and other communicable diseases are long term chronic health issues in CAR. According to the health profile published by WHO in 2010, Diarrhoea and Malaria (17% and 14% respectively) are responsible for most deaths of under five year olds in Central African Republic. This has only been made worse by the conflict as the weak health care infrastructure, poor sanitation and lack of ready access to clean water have all been worsened by displacement, looting of hospitals and clinics and the inability of displaced communities to maintain their existing water sources.

During this survey we found that 31% of children under five years old have had at least one episode of diarrhoea during the previous week. This is directly linked to poor diet as poor diet weakens immunity. Again, this situation is worsened by lack of and/or poor health facilities particularly in post conflict zones. In particular, in Lobaye, most of the health care available is of a poor quality due to the lack of availability of qualified personnel and medication in most villages caused by the conflict. As people were displaced, the resultant poor access to water and sanitation facilities, combined with poor hygiene practices increased vulnerability to sickness and disease.

In the Lobaye area, most water point committees have ceased functioning - some of them due to the inability of local community members to pay the water maintenance cost. In other locations, water points may have broken down and not been repaired because the technician in charge of maintenance was displaced by the conflict.

Sub sector: Water Supply Infrastructure

In 3 of the townships, 80% of households estimate their closest water point is between 500 and 1000m away.

Distance	Bobongo Ganza	Lesse	Mbata	Nola	Average
500 to 1000 m	84%	83%	89%	83 %	85%
Less than 500 m	16%	18%	9%	15%	14%
1000 to 2000 m	0%	0%	2%	2%	1%

Distances between households and water points by township

The situation described here refers to IDPs living in host communities, with the exception of Boda where there are camps for IDPs.

In the township of Bobongo Gaza, 93% of households use water from ponds or the local river, only 5% use water from boreholes and 2% use wells. In the township of Lesse, 95% of households use water from boreholes, 3% from wells and 3% from ponds or rivers. In the township of Mbata 97% use water from boreholes. 98% Nola use water from boreholes.

Average water consumption is lower than 4 litres per person per day in almost 75% of villages with boreholes equipped with hand-pumps, while only 4 villages out of the 78 where this survey was conducted have reached at least 10 litres plus per person per day. More than half of this group has less than 1 litre per person per day. As a result many households turn to sources of unclean water for cooking and washing dishes. Water from protected sources is only used for drinking. Cultural practises and financial accessibility are the main factors influencing low water consumption, particularly in villages where water is sold for 25 XAF (0.05\$) per 20L jerry can.

Poor financial resources as a result of displacement and conflict has led to families prioritising other needs, so water from unclean sources that is free is preferred to clean water that has to be paid for. Monthly water maintenance revenues have reduced by about 25% in most of villages since the conflict began. IDPs in some villages benefit from specific measures put in place to give them free access to a water point. This is not the case everywhere though.

On average, households take about 30 minutes to collect water. However, the waiting time is very high, particularly in the town of Mbata and same areas in Boda where the people can wait up to 240 minutes in the queue at the water point before they get water.

	Bobongo Ganza	Lesse	Mbata	Nola	Average
Average litres per person per day collected from all sources for drinking, cooking and hygiene	5.0	0.5	3.0	2.4	2.9
Estimated water supply per person per litre per day	19	13	12	7	11
Number of HH collecting water for drinking, cooking and hygiene from improved water sources	380	312	2,185	945	53%

Sub sector: Sanitation Infrastructure

98% of households reported defecating in their own latrine, 1% use latrines belonging to another household and 1% go in the bush. These reports were contrary to what our observations revealed. Observations of 4718 households indicate that 2968 households or 63% have their own latrines. This means that there is a risk of open defecation in 37% of households. Given that these households have become hosts for people displaced by the conflict, the load on existing latrines is much higher and the rate of open defecation much increased. Open defecation has been observed in and around 71% of latrines. Only 221 latrines (7%) have handwashing points, among them 104 have water and soap ready to be used for handwashing after using the latrine.

	Bobongo Ganza	Lesse	Mbata	Nola	Average
Number of People with no evidence of Feces in the living Area	55%	52%	61%	54%	57%
Number of people who report proper disposal of Feces the last time they defecated	99%	100%	99%	99%	99%
Number of clean HH latrines	37%	62%	40%	50%	44%
Number of people per usable latrine	12	17	12	13	12
Number of hand washing facilities in use	3%	1%	4%	3%	4%

Sub sector: Hygiene Promotion

On average, 40% of respondents know nothing about preventive measures for diarrhoea-related illnesses. 33% stated that to prevent diarrhoea once must drink potable water, 9% said that you have to wash your hands with soap or ashes before eating and 8% spoke of respecting rules of bodily

hygiene and the environment. Only 1% of respondents could cite 3 key practices to prevent diarrhoea (hand washing, good disposal of faeces and using clean water). 58% of respondents stated they washed their hands with water and soap whilst 42% washed their hands with water only. Hand-washing before eating is the most common practice but few respondents used soap. Only 2% knew at least 3 key moments in which one must wash their hands.

	Bobongo Ganza	Lesse	Mbata	Nola	Average
Number of respondents who know 3/5 critical moments to wash hands	1	0	4	4	2%
Number of HH with soap and water (or ash) at hand washing points	16	11	57	33	4%
Number of clean HH latrines	37%	62%	40%	50%	44%

These increases in poor hygiene practice leads to an increase in diarrhoeal disease and sickness which directly affects livelihood capacities of households. Families don't have enough resources to cover their need for food, let alone medical care and when someone is sick they are unable to participate in food or income producing activities. What results is an ongoing cycle of sickness, disease and poverty that is difficult to break. For this reason, it is important to include WASH interventions in the livelihoods/ food security response in these communities in order for the response to have any real life- saving effect.

CONCLUSION

From this study, we can make the following conclusions:

- Poverty in Lobaye region has been increased since the conflict as indicated by the fact that households average monthly incomes have decreased from 90 USD to 35 USD.
- Food self-sufficiency has been reduced from one month to as low as 2 days, even for the most resilient families.
- The conflict has affected everyone, but households led by women are more vulnerable to decreases in livelihood capacity and food security as observed in the lower food consumption scores of their children.
- Where water and latrines in villages are available, they are not being effectively used to optimise impact in protecting health and are simply not enough to accommodate the increased demand being placed on them by all the displaced people.
- Opportunities to sell produce in markets are once again available in most villages as markets have recovered significantly in recent weeks but people need to be able to produce enough food to benefit from this.

The current intervention intends to assist households to increase their agricultural production, which as the data clearly shows, is critical. WASH activities complement these agricultural activities in aiding people to prevent disease in their household, reducing their spending on water and gaining time for productive activities. Enhancing the capacity of communities in agriculture, food diet practices and hygiene promotion is also needed to allow communities to use the available resources to maximum benefit as they recover from the conflict and violence that CAR has been through in the first half of 2014.